

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

09/622645

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51	2	0		0		
2		1		1			52		0		0		
3		1		1			53		0		0		
4		1		1			54		0		0		
5		4		4			55		0		0		
6		0		0			56		0		0		
7		0		0			57		0		0		
8		0		0			58		0		0		
9		0		0			59		0		0		
10		0		0			60		0		0		
11		0		0			61		0		0		
12		0		0			62		0		0		
13		0		0			63		0		0		
14		0		0			64		0		0		
15		0		0			65		0		0		
16		0		0			66		0		0		
17		0		0			67		0		0		
18		0		0			68		0		0		
19		0		0			69		0		0		
20		0		0			70		0		0		
21		0		0			71						
22		0		0			72						
23		0		0			73						
24		0		0			74						
25		0		0			75						
26		0		0			76						
27		0		0			77						
28	1		1				78						
29		1		1			79						
30		2		2			80						
31		2	1				81						
32		0		1			82						
33		0		1			83						
34		0		3			84						
35	1			3			85						
36		1		6			86						
37		1		6			87						
38		3		4			88						
39		3		6			89						
40		0		0			90						
41		0	1				91						
42		0		0			92						
43		0		0			93						
44		0		0			94						
45		0		0			95						
46		0		0			96						
47		0		0			97						
48		0		0			98						
49		0		0			99						
50		0		0			100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						